



Department of Human Resources  
311 West Saratoga Street  
Baltimore MD 21201


## FIA ACTION TRANSMITTAL

Control Number: # 16-08

Effective Date: October 1, 2015

Issuance Date: October 14, 2015

**TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES  
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT  
FAMILY INVESTMENT SUPERVISOR AND ELIGIBILITY STAFF**

**FROM: ROSEMARY MALONE, EXECUTIVE DIRECTOR** 

**RE: TRANSITION OF TEMPORARY CASH ASSISTANCE (TCA) LONG  
TERM DISABLED CUSTOMERS INTO THE FEDERALLY FUNDED TCA  
CASELOAD**

**PROGRAM AFFECTED: TEMPORARY CASH ASSISTANCE (TCA)**

**ORIGINATING OFFICE: OFFICE OF PROGRAMS**

### **SUMMARY:**

This is the first of two Action Transmittals (ATs) that discuss the long term disabled (LTD) Temporary Cash Assistance (TCA) recipients and the policy changes affecting them. There are approximately 3,793 long term disabled (12 months or more) cases in the TCA caseload statewide. Effective October 1, 2015, the LTD cases are moving into the Federal funding stream and, as a result, into the Work Participation Rate (WPR) calculations.

While **LTD adults remain exempt from work requirements under state law<sup>1</sup> and COMAR<sup>2</sup>**, they have the right to participate voluntarily in TCA work activities. This means local departments and their vendors must provide work participation activities when LTD clients request referrals and provide reasonable accommodations for impaired or disabled customers upon request. In addition, LDSS must make necessary accommodations in the number of hours and types of activities they require of individuals with disabilities. We will discuss reasonable accommodation in more detail in a future Action Transmittal.

Another major change involves Supplemental Security Income (SSI) reimbursement (via the Interim Assistance Reimbursement, or DHR/FIA 340 form). Effective October 1, 2015, Maryland changed the funding source for assistance payments to TCA long term

<sup>1</sup> Human Services Article §5-308(b)(2)(ii)

<sup>2</sup> COMAR 07.03.03.07-1D(2)

disabled (12 months or more) from state general funds to Federal TANF dollars. As a result, Maryland is no longer eligible for the IAR reimbursement for TCA assistance for people who applied on or after October 1, 2015. We are still eligible for reimbursement for all TCA long term disabled individuals who received assistance prior to October 1, 2015.

### **ACTION REQUIRED:**

#### **At Application – on or after October 1, 2015, follow these rules:**

1. Customers must continue to provide the **FIA/500 form** signed by their health care provider to verify their disability.
2. Long term disabled TCA customers are no longer required to sign the Interim Assistance Reimbursement (IAR) DHR/FIA 340 form.
3. Long term disabled customers must apply for Supplemental Security Income and they still are required to cooperate with the Social Security Administration and the SSI process, including the requirement to appeal all denials of their SSI claim.

#### **At Redetermination, follow these rules:**

1. As long as the customer is cooperating with MAXIMUS and has a pending SSI claim or is in appeal status for the denial of the SSI claim, the customer does not have to provide a medical form verifying the continued disability.
2. Perform an SOLQ clearance and review it for Prisoner Match, and any other cash benefits the customer may be receiving.
3. Review SDX for the SSI application date and to ensure the SSI claim is still active.
  - If the SSI claim was denied, the customer must have appealed the denial.
  - If the customer has not appealed the denial of the claim, the customer has 60 days from the date of the denial to file an appeal.
  - If more than 60 days has lapsed since the customer's SSI was denied, the customer is required to file a new SSI claim.
  - If the customer does not follow up on the appeal or file a new SSI application, close the case on CARES using code 566.
4. Review MABS and The Work Number screens for any new employment or unemployment benefits.

### **At Any Time:**

1. Customers must cooperate with MAXIMUS, the vendor who provides assistance to LTD customers (TCA, PAA and TDAP) with applying for and obtaining Federal disability benefits.
  - MAXIMUS works under a pay-for-performance contract called the Disability Benefits Advocacy Project to assist FIA's LTD customers in their pursuit of Federal disability benefits from the Social Security Administration (SSA). The project is managed by FIA's Bureau of Disability Services Operations (BDSO).
2. The contractor screens each customer to determine whether the medical conditions meet the disability eligibility criteria for Federal benefits. MAXIMUS provides direct service to customers who need to file claims, to appeal denied claims and to obtain medical evidence to substantiate their claims.
  - FIA's Bureau of Disability Operations (BDSO) sends MAXIMUS lists of TCA customers who have been coded as LTD in CARES.
  - MAXIMUS reaches out to the customer directly to obtain required information, screen the medical evidence and provide services.
  - Results from the screenings – including “whereabouts unknown,” “non-cooperative,” “already receiving federal benefits,” etc. – are reported to BDSO weekly. Any notes or evidence related to the review findings or actions taken by the contractor are scanned into ECMS into the State Review Team folder.
  - Monthly, each district office will receive a **DISABILITY GENERATOR V** file in its PIRAMID folder with the results of the contractor's reviews and specific actions to take.
  - Take the appropriate action. For non-cooperative customers, close the case using code 566 after 10 days adverse action, for not cooperating with MAXIMUS.

### **CARES Coding at Application (on or after October 1, 2015), or at Redetermination for existing recipients:**

1. Code the CARES **DEM2 IAR field** with the customer's application date.
2. Code the customer's disability dates in CARES on the **DEM2** screen.
3. Continue to code the **CARES UINC** screen for SSI and DE.
4. Code the **CARES WORK** screen appropriately at application and review it at redetermination.

## **Federal Work Participation Rate (WPR):**

Counting the long term disabled in the WPR creates challenges for the LDSS. We have heard valid concerns that the change could reduce LDSS participation rates, and DHR experienced a Statewide WPR decline of 5% the last time LTD customers were in the calculations. Other states had the same concern when the TANF rules changed in 2007, and the federal TANF agency consistently responded that the 50% WPR standard left states the ability to exempt or otherwise not count half of their caseloads towards the participation rate.

## **What can you do now to work with the disabled population?**

Carefully monitor compliance with the SSI application requirement. State law and regulations limit the disabled exemption to 12 months unless the client has a valid SSI application or current appeal. DHR requested a query of all of the long term disabled cases in the State, which we will forward via e-mail to the Assistant Directors of each DSS to assist your Work Participation Specialists or other staff in reviewing these cases for compliance. We have also attached a list of actions that may need to be taken to get cases back into compliance.

**Reminder:** At redetermination, review the cases for customers with short term disabilities carefully. A short term disability is 4-11 months in length and is considered good cause. Count a series of short term medical exemption periods cumulatively, so when the customer reaches 12 consecutive months and remains disabled, the:

- Customer must file for SSI
- Customer must cooperate with MAXIMUS.
- Code CARES Dem2 and WORK screens properly to show the long term disability

Review CARES and WORKS to identify discrepancies in coding (OTD/DB)

- WORKS must be coded properly for the disability.

## **Time Limits**

We will grant a hardship exemption from the 60 month lifetime limit for any customer who has a long term disability and is cooperating with the SSI requirement and other TCA rules. While federally funded TCA benefits count 60 month limit, our goal is to continue our engagement of the disabled clients in activities that will help them become as independent as possible.

Attachment

**INQUIRIES:** Please direct TCA policy questions to Fatmata Khella at 410-767-7953 or [fatmata.khella@maryland.gov](mailto:fatmata.khella@maryland.gov). For TCA WORK programs contact Marina Solovey at 410-767-8820 or [marina.solovey@maryland.gov](mailto:marina.solovey@maryland.gov). For questions regarding MAXIMUS review findings, please Cynthia Fox, Director of the Bureau of Disability Services Operations, at [cynthia.fox@maryland.gov](mailto:cynthia.fox@maryland.gov) or 410-767-5015.

c: DHR Executive Staff  
Constituent Services  
DHR Help Desk  
FIA Management Staff  
Office of the Inspector General

**REVIEWING THE TCA LTD QUERY  
WHAT TO DO  
10-1-15**

1. The TCA query or SDX do not show an active 340 (IAR code) at Social Security (cases prior to October 1, 2015).
  - It is now too late to have the customer sign the 340.
  - If the claim is in appeal status at the Appeals Council, the IAR code may not show up. The customer must obtain verification from his or her attorney that they are continuing with the appeal. SSA does not have this verification.
  - As long as there is an active SSI claim, the customer is in compliance.
2. The query or SDX does not show an active SSI claim.
  - Send the customer a 1052 requesting that the customer apply for SSI. Provide 10 days for the customer to comply.
  - If the customer does not comply, send an adverse action notice and close the case after 10 days.
3. SSI counts income as available to the household that TCA does not and may deny the customer's SSI because of it. Case managers must follow up to determine what the income in the household is and if it is countable.
4. SDX shows the customer is eligible for but not receiving SSI. The customer may have missed an appointment with SSI. Even though approved, customers must still have a follow up appointment with SSI. Contact the customer and have the customer contact SSI. If the customer fails to contact SSI, close the case after 10 days adverse action.
5. The SSI claim is shown as denied.
  - The customer has 60 days to file an appeal of the denial.
    - Review the denial code. Most of the time it makes no difference to us why the claim was denied, but sometimes it is because of non-cooperation with SSA and the SSI process. Close the case after appropriate adverse action if the cause is non-cooperation.
    - Below are codes to help you determine why the SSI claim was denied. This is not a complete list. It is the most commonly used codes. See also the SVES/SDX/SOLQ Manual on FIPNet for the complete list of codes.

### Commonly Used SSI Denial Codes

<b>T1</b>	Dismissed: Claimant Deceased	<b>3D</b>	Dismissed: Filed late without good cause
<b>AD</b>	Dismissed/Abandoned	<b>4D</b>	Dismissed: Withdrawn
<b>2D</b>	Dismissed: Filed by improper requestor	<b>WD</b>	Dismissed: Withdrawn
<b>1D</b>	Dismissed: Cannot be appealed	<b>N27</b>	Disability terminated due to Substantial Gainful Activity (SGA)
<b>UN</b>	Unfavorable/not appealed by recipient (court case only)	<b>N30</b>	Slight Impairment. Medical consideration alone. No visual impairment
<b>N01</b>	Recipient's countable income exceeds Title XVI payment and State's payment standard	<b>N34</b>	Impairment is no longer severe at the time of decision and did not last 12 months. No visual impairment
<b>N02</b>	Recipient is an inmate of public institution	<b>N32</b>	Capacity for SGA. Other work. No visual impairment.
<b>N03</b>	Recipient is outside U.S.	<b>N35</b>	Impairment is severe at the time of decision but not expected to last 12 months. No visual impairment.
<b>N04</b>	Recipient's non excludable resources exceed Title XVI limitations	<b>N36</b>	Insufficient or no medical data furnished. No visual impairment
<b>N05</b>	Recipient gross income from self employment exceeds Title XVI limitations	<b>N37</b>	Failure or refusal to submit to consultative examination. No visual impairment
<b>N06</b>	Recipient failed to file for other benefits	<b>N38</b>	Applicant does not want to continue development of claim. No visual impairment
<b>N07</b>	Cessation of recipient's disability	<b>N39</b>	Applicant willfully fails to follow prescribed treatment. No visual impairment.
<b>N08</b>	Cessation of recipient's blindness	<b>N40</b>	Impairment(s) does not meet or equal listing (disabled child under age 18 only). No visual impairment.
<b>N09</b>	Recipient refused vocational rehabilitation without good cause	<b>N41</b>	Slight impairment. Medical condition alone. Visual impairment or blindness
<b>N10</b>	Recipient refused treatment for drug addiction	<b>N42</b>	Capacity for Substantial Gainful Activity (SGA)(employment). Customary past work. Visual impairment.
<b>N11</b>	Recipient refused treatment for alcoholism	<b>N43</b>	Capacity for SGA. Other work. Visual impairment.
<b>N12</b>	Recipient voluntarily withdrew from a program	<b>N44</b>	Engaging in SGA despite impairment. Visual impairment.
<b>N13</b>	Not a U.S. citizen or eligible alien	<b>N45</b>	Visual impairment no longer severe at the time of decision and did not last 12 months.
<b>N14</b>	Aged claim denied for age	<b>N46</b>	Visual impairment is severe at the time of decision but not expected to last 12 months.
<b>N15</b>	Blind claim denied. Applicant not blind	<b>N47</b>	Insufficient or no medical evidence furnished of visual impairment
<b>N16</b>	Disability claim denied. Applicant not disabled	<b>N48</b>	Failure or refusal to submit to consultative examination regarding visual impairment
<b>N17</b>	Applicant failed to pursue claim	<b>N49</b>	Applicant does not want to continue development of a visual impairment claim

<b>N18</b>	Failure to cooperate	<b>N50</b>	Applicant willfully fails to follow prescribed treatment for visual impairment
<b>N19</b>	Recipient voluntarily terminated participation in the SSI program	<b>N51</b>	Visual impairment(s) does not meet or equal listing (disabled child under age 18 only).
<b>N20</b>	Recipient failed to furnish a required report	<b>N55</b>	Impairment due to DAA (non-visual impairment)
<b>N22</b>	Inmate of a penal institution	<b>N56</b>	Visual impairment due to DAA
<b>N23</b>	Not a U.S. Resident		
<b>N24</b>	Convicted of felony of fraudulently misrepresenting residence in two or more States	<b>N25</b>	Claimant is fleeing to avoid prosecution for, or custody or confinement after conviction for, a crime which is a felony under the laws of the place from which he/she flees, or is violating a condition of parole imposed under Federal or State law.